EPI News

A Bulletin on Epidemiology and Public Health Practice in the Five Counties of North Idaho

AVIAN INFLUENZA

Influenza viruses that infect birds are called avian influenza viruses. Only influenza A viruses infect birds, and this includes all known subtypes of influenza A viruses. Wild birds worldwide carry the viruses in their intestines but usually do not get sick from them. Bird flu viruses do not usually infect humans. Human flu viruses refer to those subtypes that occur widely in humans. There are only three known subtypes of human flu viruses: H1N1, H1N2, and H3N2. It is likely that some genetic parts of current human flu A originated in birds. Flu A viruses are constantly changing and they might adapt over time to infect and spread among humans.

Domesticated birds may become infected with avian influenza virus through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces or materials that have been contaminated with virus. Avian influenza outbreaks among poultry occur worldwide from time to time. Since 1997, more than 16 outbreaks of H5 and H7 influenza have occurred among poultry in the United States. The U.S. Department of Agriculture monitors these outbreaks. When avian influenza outbreaks occur in poultry, the preferred control and eradication options are quarantine, culling and surveillance around the affected flocks.

The risk to most people from bird flu is generally low. Influenza A viruses have infected many different animals, including whales, seals, horses and pigs. If a pig were infected with a human influenza A virus and an avian influenza A virus at the same time, the new replicating viruses could mix existing genetic information (reassortment) and produce a new virus that has most of the genes from the human virus, but a hemagglutinin and/or neuraminidase from the avian virus. The resulting new virus might then be able to infect humans and spread from person to person, but it would have surface proteins not previously seen in influenza viruses that infect humans. This is known as antigenic shift. Another potential method of transmission is during an outbreak of bird flu among poultry (domesticated chicken, ducks, and turkeys). There is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with excretions from infected birds.

Some recent examples of avian influenza transmission to humans:

- H5N1 Hong Kong 1997 – 18 ill, 6 deaths
- H9N2 China and Hong Kong 1999 – 2 ill, no deaths
- H7N2 Virginia 2002 – 1 infected, no deaths
- H5N1 China and Hong Kong 2003 – 2 ill, 1 death
- H7N7 Netherlands 2003 – 89 infected, 1 death
- H9N2 Hong Kong 2003 – 1 ill, no deaths
- H7N2 New York 2003 – 1 ill, no deaths
- H7N3 Canada 2004 – 2 ill, no deaths
- H5N1 Thailand, Vietnam, Cambodia, and Indonesia – 126 ill, 64 deaths as of November 2005

Symptoms of avian influenza in humans have ranged from typical influenza-like symptoms (fever, cough, sore throat ↳

In This Issue:

Public Health

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www2.state.id.us/phd1

Avian Flu continued

and muscle aches) to eye infections, pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications. There is no vaccine currently available against influenza A H5N1 for humans, and only the neuraminidase inhibitors (oseltamivir and zanamivir) appear to be effective for treatment. Influenza A H5N1 isolated from poultry and humans in Asia have shown that the viruses are resistant to amantadine and rimantadine.

The CDC and Panhandle Health District recommend against the stockpiling by the public of antivirals because Influenza A H5N1 is not currently circulating efficiently in humans and there is a risk of developing viral resistance if these drugs are not used appropriately. It is recommended that all patients presenting with respiratory illness be instructed in and encouraged to follow respiratory hygiene and hand-washing etiquette, both in public and private settings to slow or prevent the spread of respiratory illnesses including influenza. Additionally, patients should be encouraged to stay home when ill to prevent spreading illness in the workplace, schools or other places where the public gathers. Physicians suspecting influenza infection in their patients should submit influenza tests to the Idaho Bureau of Laboratories for confirmation and subtyping.

Idaho Bureau of Laboratories
2220 Old Penitentiary Road
Boise, ID 83712
(208) 334-2235

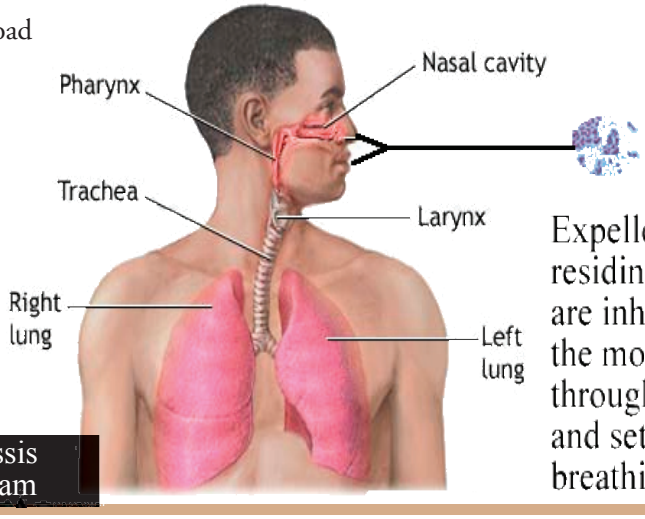
Finally!
A New Pertussis Vaccine

It's here! Finally! Tdap (Tetanus, Diphtheria and Pertussis), commercially known as "Boostrix," (produced by Glaxo-Smith-Kline) and "Adacel" (produced by Sanofi Pasteur).

Both of these formulations provide new hope for controlling pertussis (whooping cough) by providing vaccine coverage for adolescents and adults. Historically, with pertussis vaccine available only to children 6 years old or younger, we were unable to affect the reservoir for bordetella pertussis. As these vaccines become more widely known, trusted and utilized, it's possible we may be able to evict pertussis from its endemic hold on our community.

These vaccines are now available through Panhandle Health District. Tdap is included in the VFC (Vaccine For Children) program, but has not yet been included as a universal state-supplied vaccine. We anticipate that Tdap will join the state-supplied vaccine group sometime within the coming year.

The Advisory Committee for Immunization Practices (ACIP) recommends Tdap for most adolescents 11-18 years of age (some contraindications are noted). The new VIS (vaccine information statement) is available at the CDC's National Immunization Program website at www.cdc.gov/nip.



Pertussis Diagram

Adopt a Respiratory Policy!

To prevent the transmission of all respiratory infections at physician and primary care offices, the following infection control measures should be implemented at the first point of contact with a potentially infected person.

1. Visual Alerts

Post visual alerts in the reception area/client waiting room instructing clients and persons who accompany them (e.g., family, friends) to inform your personnel of symptoms of a respiratory infection when they first register for care, and to practice respiratory hygiene/ cough etiquette.

Posters: Available on-line at www.cdc.gov/ germstopper

- Cover Your Cough
- Healthy Habits
- Be a Germ Stopper

Posters: Available on-line at www.cdc.gov/germstopper

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection:

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-microbial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects or materials.

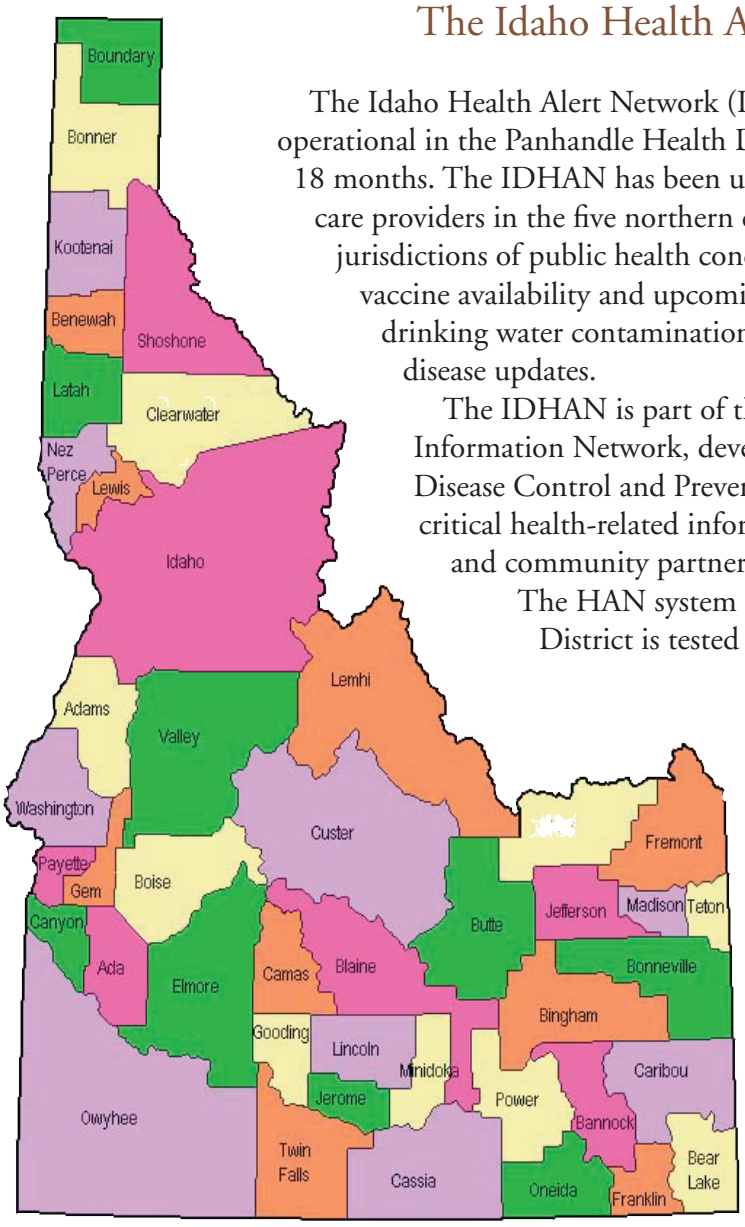
Your office should ensure the availability of materials for adhering to respiratory hygiene/ cough etiquette in waiting areas for clients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide a conveniently located dispenser of alcohol-based hand rub.

3. Masking and Separation of Persons with Respiratory Symptoms

Your personnel should offer masks to persons who are coughing. Procedure or surgical masks may be used to contain respiratory secretions (N-95 respirators are not necessary for this purpose). When space and chair availability permit, your personnel should encourage coughing persons to sit at least three feet away from others in common waiting areas.

The Idaho Health Alert Network



The Idaho Health Alert Network (IDHAN) has been operational in the Panhandle Health District for the past 18 months. The IDHAN has been used to notify health care providers in the five northern counties and adjacent jurisdictions of public health concerns ranging from flu vaccine availability and upcoming exercises to public drinking water contamination and emerging infectious disease updates.

The IDHAN is part of the National Public Health Information Network, developed by the Centers for Disease Control and Prevention to rapidly deliver time-critical health-related information to designated health and community partners.

The HAN system in Panhandle Health District is tested regularly to ensure important information will be able to reach the people who need it. We have sustained a 93% or better connectivity rate with each test message as well as with actual messages. When the system indicates a user did not get the message, the PHD HAN administrator contacts the recipient to verify current point of contact information including address, phone number, fax number and e-mail address.

Registered users of the HAN system are encouraged to log into the system periodically at http://health.dhw.state.id.us/IDHAN to verify that their user information is current and correct.

Area health partners who are not currently registered on the HAN system, but would like to be, may access the IDHAN homepage at the above URL and click on the Register option on the navigation bar. The system is checked several times per week to ensure new users are approved as quickly as possible. For new users, the following settings must be made on your computers:

- JavaScript must be enabled
- Cookies must be enabled

You also must be using Microsoft Internet Explorer 5.0 or higher as your web browser.

If you have any questions or problems, you can contact Jeff Lee at Panhandle Health District at (208) 415-5100 or e-mail at jlee@phd1.state.id.us.

IRIS- Immunization Reminder Information System

Some of IRIS's capabilities:

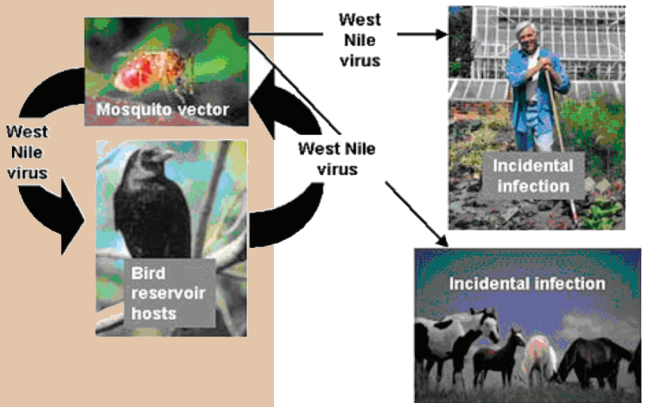
- Inventory - IRIS has the capability to do vaccine inventory, whether it is state-supplied or privately purchased. If a client prefers not to be on IRIS, one can still keep track of the vaccine inventory. It also has a link to the state health department to send your inventory report to the state each month.
- Reminder Recall - Want to ensure that your patients return for their immunizations on time? Let IRIS decide who needs reminders, and print up a list, labels or postcards to send to them.
- Exemptions - If your patient does not get an immunization due to an exemption, you can document this by going to the bottom of the view/add screen and click on the red exemption button. You can then choose what exemption they qualify for. If you use reminder-recall for your patients, the exempted vaccines will not show up as being needed. It will not count against you if you do your CASA through IRIS.
- Forecast - IRIS informs you what future vaccinations are needed for your client. The forecast schedule is at the bottom of the vaccination view/add screen.

For more information or to enroll in IRIS, please contact the IRIS Coordinator, Mareva Kammeyer, at 415-5246

North Idaho Communities Avoid West Nile Virus For Another Summer

For another year, there were no reported cases of West Nile virus (WNV) infections in North Idaho communities. All mosquitoes and birds which were tested from North Idaho also tested negative for WNV. WNV infections have been reported in southern Idaho communities for the last two years, but it appears WNV has not made its way to North Idaho as of yet. There were 13 human cases of WNV, but no deaths, reported in southern Idaho this year. There were also more than 100 cases of WNV in horses, 15 cases in birds, and 17 positive mosquito pools were reported in the last year in southern Idaho. WNV is spread by the bite of an infected mosquito. About 80 percent of individuals who become infected will show no symptoms at all. About 20 percent will develop West Nile fever. This illness may include fever, headache, fatigue, swollen lymph glands, and eye pain. Up to 60 percent of patients may have a skin rash. Some cases may also have nausea and vomiting. West Nile fever may last for days to weeks, but is not thought to cause permanent disabilities. Severe illness is thought to occur in <1 percent of infections and might include meningitis, encephalitis, or meningoencephalitis. Acute flaccid paralysis, cranial nerve palsies, tremors, movement disorders, and respiratory failure have been described. WNV neurological syndromes may result in prolonged recovery or permanent disabilities.

West Nile Virus Transmission Cycle



Neurological disease may happen to anyone but appears more likely with advancing age and immunosuppression. WNV infections may cause death in approximately 1 in 250 severely affected individuals. A fatal outcome appears more likely in individuals older than 55 years of age.

West Nile virus (WNV), found widely in Europe and Africa, was first detected in the U.S. in 1999 in the greater New York City area. It is unclear how the virus was introduced into the U.S. However, it readily became established in ecosystems as it moved westward across North America. WNV has now been detected across the entire continental U.S., Canada, and parts of Mexico. The first evidence of local transmission of the virus in Idaho occurred in 2004.

WNV, a single-stranded RNA virus of the family Flaviviridae, genus *Flavivirus*, is a member of the Japanese encephalitis virus antigenic complex. This complex includes several medically important viruses associated with human encephalitis, including Japanese encephalitis virus, St. Louis encephalitis virus (SLE), Murray Valley encephalitis virus, and Kunjin virus (an Australian subtype of WNV). SLE and WNV have demonstrated significant epidemic potential repeatedly in the U.S.

WNV is maintained in natural amplification cycles among mosquitoes and certain avian species. Current scientific studies suggest that WNV is introduced into new ecosystems by the influx of infected migratory birds, which are subsequently fed upon by local mosquitoes. This process then establishes a local amplification cycle.

The virus is responsible for seasonal (typically late summer) outbreaks of disease in humans and animals in northern climates, and has the potential for year-round transmission in milder climates without killing frosts. WNV is transmitted primarily through the bite of an infected mosquito. Infections also have been documented from

blood transfusions and organ transplants. Breast milk was implicated in a single instance. WNV infections have been documented in humans, other mammals and birds. Humans, horses, corvids (e.g. crows, ravens, jays, magpies) and raptors (such as red-tailed hawks and barn owls) appear to be the most severely impacted species. As of Oct.12, 2005, nationally there were 2,148 total cases of WNV infection reported, with 59 deaths. The Idaho Bureau of Laboratories in Boise is capable of testing sera or CSF for IgM antibody to WNV. This is available free of charge for patients with suspected neurological illness due to WNV. For questions about testing and reporting, please call the Panhandle Health District.

The Holiday Season Can Bring An Increase In Cases Of Foodborne Illness

With the holiday season upon us, food safety can sometimes take a far backseat in our minds to all the holiday activities we enjoy. Unfortunately, bacteria, viruses and toxins, which can cause a foodborne illness, do not take holidays. Cases of foodborne illness generally increase during the holiday season.

Physicians should have a heightened awareness for a diagnosis of foodborne illness in patients presenting with gastrointestinal-type symptoms. Common symptoms of foodborne illness include vomiting, diarrhea, fever, prostration, abdominal pain and nausea. Onset of symptoms can begin from less then an hour for certain toxins and allergens to more than 50 days for Hepatitis A infections. However, most symptoms of foodborne illness will begin from 2 to 72 hours. All suspected cases of foodborne illness should be reported to the Panhandle Health District for investigation. Foodborne illness can be a major cause of morbidity and mortality in children, the elderly and individuals with weakened immune systems. If a foodborne illness is suspected, obtaining a three-day or longer food history is encouraged. Also, if a foodborne illness is suspected, having the patient submit stool samples for laboratory testing to confirm the diagnosis is highly encouraged.

The following preventive measures can be discussed with patients to decrease the risk of acquiring a foodborne illness this holiday season:

- All poultry and stuffed foods should be cooked to an internal temperature of 165 degrees F.
- Ground meats should be cooked to 155 degrees F. Pork, steaks, eggs and seafood should be cooked to 145 degrees F.
- All milk and cheese products consumed should be pasteurized. Foodborne illnesses, which can be caused by the consumption of raw milk and raw milk products, include *Salmonellosis*, *Campylobacteriosis*, *Mycobacterium bovis*, and *Escherichia coli O157:H7*.
- Individuals should avoid eating raw or undercooked eggs and egg products. Ingestion of raw or undercooked eggs can lead to *Salmonellosis*.
- Individuals should avoid eating raw or undercooked meat and meat products, especially hamburgers. Illnesses from consuming undercooked hamburgers include *Escherichia coli O157:H7*, and illnesses from consuming undercooked chicken products include *Salmonellosis* and *Campylobacteriosis*.
- Children, the elderly and individuals with weakened immune systems should avoid consuming raw or undercooked shellfish and fish. Also, these individuals should avoid the consumption of raw seed sprouts as well.
- Avoiding cross-contamination from raw products to cooked products is also very important. Foods should never be thawed out on countertops or left out of refrigeration for longer than four hours. Foods can easily become contaminated with the common bacteria *Staphylococcus aureus*. If these foods are left at room temperature for longer than four hours, enough toxin might be formed to cause illness. Cooking cannot remove these toxins once they are produced in the food.

For more information about food safety and foodborne illnesses, please contact the Panhandle Health District.

EPI News

The Return of Syphilis

According to the Centers for Disease Control, the national rate for syphilis went up in 2004, making it the fourth year in a row to see an increase. In 2000, the U.S. infection rate for syphilis had reached its lowest point since record keeping began in 1941. However, since 2000 we have seen a steady increase in syphilis cases nationwide.

Idaho has experienced an alarming increase in the state's syphilis rate over the last three years. Typically, Idaho would see about 20 cases a year, but in 2003 the state had 45 cases. In 2004, the state recorded 77 cases and as of October 2005, 49 cases already have been recorded. Case reports split in gender, with men at 52% and women at 48%.

Idaho case investigation results show that the majority of cases acquired syphilis from heterosexual sex, some were intravenous drug users and some exchanged sex for money or drugs. Methamphetamine use was commonly reported among cases. An average of 2-3 partners were referred for testing and treatment for each index case reported.

The CDC and the Idaho state epidemiologist recommend serologic testing for syphilis for:

- All men and women being evaluated for sexually transmitted diseases
- Persons who exchange sex for money or drugs
- Commercial sex workers
- Sexually active men who have sex with men
- Persons with HIV or gonorrhea
- All pregnant women

In addition, early syphilis should be suspected in:

- Persons with genital lesions
- Any adult rash illness, especially palmar or plantar rash
- Persons with oral mucous patches
- Unexplained lymphadenopathy

Panhandle Health District continues to offer STD screening for patients at risk for contracting an STD.

Panhandle Health District monitors the following reportable sexually transmitted diseases:

- Chlamydia
- Syphilis
- Gonorrhea
- HIV/AIDS

We appreciate the cooperative efforts of local physicians and practitioners in reporting and treating these diseases.

PHD conducts passive surveillance of these diseases. We rely on you to help us track theses numbers in our communities. Through education and treatment of these patients and their partners, we hope that, with our combined efforts, we can reduce the number of people affected in our communities and the devastating effects these diseases can have on the reproductive health of our young people.

For 2005, Panhandle Health District has seen decreases in all STDs with the exception of HIV:

- The HIV rate has increased 25% over this time last year.
- YTD, 241 cases of chlamydia have been reported in the Panhandle and 890 cases reported by Spokane Regional Health District. These numbers do not include partners who have been treated but not tested.
- The number of cases of gonorrhea has decreased as well. However, with 100 cases in Spokane County and six cases in the Panhandle thus far in 2005, we still have cause for concern.

The gold standard for interrupting the chain of transmission of STDs is to examine, perform diagnostic testing and appropriately treat all sex partners of persons diagnosed with a sexually transmitted disease.

One method of partner treatment is referred to as "patient-delivered partner therapy" or PDPT. Using this method, if the partners are deemed unlikely to access health care themselves, then either a prescription for antibiotics or a regimen of the appropriate antibiotic, along with relevant allergy and educational information on the medication, is given to the patient to give to her/his sex partner(s). It has been effective in the treatment of sex partners.

Unfortunately, we do not have a law in place in Idaho to allow for this at this time. We are hopeful this will be addressed in the 2006 legislative session. If you have a patient who has had a positive lab result and you will not be treating the patient's partner, you may refer those partners to the Health District for testing and treatment.

Recently, Panhandle Health District has begun using the Aptima Combo 2 Assay for testing of chlamydia and gonorrhea. These tests have a sensitivity of 95-97% and specificity of 98-99%. The combo test allows for swab or urine testing.

Panhandle Health District
Disease Report
January through July
2002-2005

Disease/Condition	2005	2004	2003	2002
Campylobacteriosis	5	11	8	11
E coli O157:H7	0	0	5	0
Giardiasis	4	14	14	9
Hepatitis A	0	0	1	1
Salmonellosis	9	10	12	10
Shigellosis	0	0	2	0
Hepatitis B	1	11	16	8
Hepatitis C	61	71	87	66
Neisseria Meningitis	0	1	0	1
Pertussis	18	4	31	28
Tuberculosis	1	1	0	1
Viral Meningitis	2	0	7	0
Chlamydia	143	183	196	127
Gonorrhea	4	2	9	3
HIV/AIDS	6	3	3	7
Primary Syphilis	0	0	0	0
Secondary Syphilis	0	0	0	0
Latent Syphilis	1	1	1	1

Reportable Disease Surveillance - Just Do It!

The health-of-the-people is a government task assigned to each state and each state, in turn, has addressed this task in differing formats. However, all states have formulated some regulatory laws regarding certain diseases-of-concern. These diseases are designated as reportable and many are accompanied by regulations requiring the restriction of certain activities for the infected individual.

Since 9-11, since Homeland Security and Public Health Preparedness, since Katrina and with avian influenza increasingly in the news, disease surveillance has been in the spotlight. This critical activity provides information essential to implementing timely prevention and disease-containment strategies.

Panhandle Health District fields approximately 80 disease reports each month. Disease reports funnel into the health district from a variety of sources (see table below).

Reports received from laboratories involve agents that have been identified. Although laboratories provide the bulk of disease reports, their limitation is that they cannot report the "unknown." SARS was a disease that had struck down many individuals in several countries before a lab test existed to detect the agent. Computers and laboratory technique cannot substitute for the keen eye and piercing thought processes of the human mind. The first anthrax case after 9/11 was picked up by a perceptive and observant physician.

Your reportable disease concerns can be shared with Panhandle Health District quickly, directly and confidentially. We have a dedicated fax line and a dedicated voice mail phone line to make reporting accessible and easy. (See reportable diseases and fax/phone numbers listed on page 11). These lines are checked three times each day, at 8 a.m., 1 p.m. and 4 p.m., Monday through Friday.

If you prefer to discuss your case directly with one of our infection control staff, we have an epidemiologist assigned each day to cell phone availability (771-0271). If you have an emergent concern after hours or on weekends, Panhandle Health can be notified utilizing the State Communications System (State Comm) at 1-800-632-8000.

Source of Disease Reports For September 2005

Source	*# of Reports*
Commercial Lab	19
State Lab	22
Satellite Office	1
Hospital IC Officer	18
PMD (Private Medical Doctor) (per *voice mail*)	3
PMD (per *epi cell*)	2
PMD (per *fax*)	4
School Nurse	1
John Q. Public	1

Total # of Reports by Laboratories: 41 (57.7%)
Total # of Reports by Hospital Infection Control Officer: 18 (25%)
Total # of Reports by Physicians: 9 (12.6%)

PANHANDLE HEALTH DISTRICT

Serving Benewah, Bonner, Boundary, Kootenai and Shoshone Counties

Public Health Reportable Disease

FAX Report Form

Laboratories, health care providers or health care facility administrators are required to report infectious diseases, conditions or syndromes listed on Idaho's reportable disease list (see back for list). Reportable disease reporting to the Panhandle Health District (a public health authority) is in compliance with HIPAA.

CONFIDENTIAL CASE REPORT FORM

PATIENT INFORMATION

Disease, Condition or Organism:	☐ Clinical Diagnosis ☐ Lab Confirmed	**Onset Date:**	**Test Date:**	**Report Date:**	**Is Patient Pregnant?** ☐ Yes ☐ No
Patient's Name (*Last, First*):				**Date of Birth:** ☐ Male ☐ Female	**Race:** ☐ Unknown ☐ Cau. ☐ Am. Indian ☐ Black ☐ Hispanic ☐ Asian ☐ Other
Patient's Address: *Street City State Zip*				**Patient's phone:** Home: Work:	
Name of Parent or Guardian if Minor:					
Health Care Provider Name:		**Address** (City, State)			**Telephone #:**
Laboratory Name:		**Address** (City, State)			**Telephone #:**
Person Completing Report:		**Address** (City, State)			**Telephone #:**

Additional Information (please provide when possible to help the investigation)

Patient Treated? ☐ Yes ☐ No	**Treatment Regimen:**	**Please indicate if the patient is a:** ☐ Food Handler ☐ Health Care worker ☐ Day Care Worker or Attendee ☐ School Worker or Attendee
Case is: ☐ Acute ☐ Chronic		**Presented in the Emergency Room?** ☐ Yes ☐ No
Comments:		

Please fax a copy of the laboratory results along with this form.

24-HOUR CONFIDENTIAL REPORT LINES
FAX REPORT LINE
Toll Free: (866) 716-2599 or 666-9661

NO FAX LINE?
You may record a confidential voice mail report
Toll Free: (866) 716-2591

***Immediate Reports and Emergency Notification**
For immediately reportable diseases, including Anthrax, Botulism, Diphtheria, Plague, Rabies or Smallpox, call the State Communication's Public Health Paging System: 800-632-8000.

April 2005

Panhandle Health District • 2195 Ironwood Court • 208-771-0271 (Epi Cell)

Idaho Reportable Disease List

Health care providers, laboratorians, and hospital administrators are required, according to the Rules and Regulations Governing Idaho Reportable Diseases, to report the following confirmed or suspected communicable diseases and conditions to their local health district or state Office of Epidemiology within three (3) working days of identification or suspicion (unless otherwise noted below).

Bacterial Diseases
- Anthrax [immediately]
- Brucellosis [24 hours]
- Botulism: foodborne, infant, other [immediately]
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera [24 hours]
- Diphtheria [immediately]
- E. coli 0157:H7, other toxigenic non-0157 strains [24 hours]
- Gonorrhea (Neisseria *gonorrhoeae)*
- *Haemophilus influenzae,* invasive disease [24 hours]
- Legionellosis/Legionnaire's disease
- Leprosy
- Leptospirosis
- Listeriosis
- Lyme disease
- Neisseria *meningitidis,* invasive [24 hours]
- Pertussis [24 hours]
- Plague [immediately]
- Psittacosis
- Relapsing fever (tick and louse-bome)
- Salmonellosis (including typhoid fever) [24 hours]
- Shigellosis (all species)
- Streptococcus, group A, invasive
- Streptococcus *pneumoniae* (pneumococcus), < 18y
- Syphilis
- Tetanus
- Tuberculosis
- Tularemia [24 hours]
- Yersiniosis (all species)

Rickettsia and Parasites
- Amebiasis
- Cryptosporidiosis
- Giardiasis
- Malaria
- Pneumocystis carinii pneumonia (PCP)
- Q-fever [24 hours]
- Rocky Mountain spotted fever
- Trichinosis

Other
- Cancer (report to Cancer Data Registry, 338-5100)
- Extraordinary occurrence of illness, including syndromic clusters with or without an etiologic agent [24 hours]
- Foodborne illness/food poisoning [24 hours]
- HUS (hemolytic uremic syndrome) [24 hours]
- Lead > 10 ug/dl
- Newborn screening abnormal findings: [24 hours]
- Biotinidase deficiency
- Congenital hypothyroidism
- Maple syrup urine disease
- Galactosemia
- Phenylketonuria
- Reye's syndrome
- Rheumatic fever
- Severe reactions to any immunization [24 hours]
- TSS (toxic shock syndrome)
- Waterborne illness [24 hours]

Viral Diseases
- Encephalitis, viral or aseptic
- Hantavirus pulmonary syndrome [24 hours]
- Hepatitis A [24 hours]
- Hepatitis B [24 hours]
- Hepatitis C
- HIV/AIDS: positive tests (HIV antibody, HIV antigen & other HIV isolations, CD4 count < 200 cells/mm or < 14%)
- HTLV (human T-lymphotrophic virus)
- Measles (rubeola) [24 hours]
- Meningitis, viral or aseptic
- Mumps
- Myocarditis, viral
- Poliomyelitis [24 hours]
- Rabies: human [immediately], animal [24 hours]
- Rabies post-exposure prophylaxis
- Rubella, including congenital rubella syndrome [24 hours]
- Smallpox [immediately]

REPORTING A CASE
All reports are confidential and must include:
- Disease or condition reported
- Patient's name, age, sex, address (including city and county), phone #
- Physician's name, address, phone #

ROUTINE 3-DAY REPORTS
During normal working hours, contact your local health district; after hours use the automated state Office of Epidemiology 24- hour WATTS reporting line at 1-800-632-5927. Reports can also be mailed.

24-HOUR REPORTS
During normal working hours contact your **local health district** or the state Office of Epidemiology. If the reporting period falls on a weekend, contact the **State Comm Public Health paging system: 1-800-632-8000**

IMMEDIATE REPORTS/EMERGENCY NOTIFICATION
During normal working hours contact your local health district or the state Office of Epidemiology. Contact **the State Comm Public Health Paging System after hours: 1-800-632-8000.**

Please report diseases and conditions to the confidential Public Health Reportable Disease Hotline (FRED)

Phone: 666-9269 **Toll Free Phone: (866) 716-2591**
Fax: 666-9661 **Toll Free Fax: (866)716-2599**

Please cut along line for FAXing

EPI News

EPI News is published by Panhandle Health District

For more information call:

Coeur d'Alene	(208) 415-5100
Bonners Ferry	(208) 267-5558
Sandpoint	(208) 263-5159
St. Maries	(208) 245-4556
Kellogg	(208) 786-7474

Public Health
Panhandle Health District

Panhandle Health District
2195 Ironwood Court
Coeur d'Alene, Idaho 83814